

Received  
 JAN 14 2020  
 WV Ethics Commission

West Virginia Ethics Commission  
**Lobbyist Activity Report Form**  
 2019-03

West Virginia Ethics Commission  
 Attn: Lobbyist Registrar  
 210 Brooks St., Ste. 300  
 Charleston, WV 25301  
 304-558-0664 No faxed copies  
 For office use only:  
 Postmark \_\_\_\_\_ Rec'd \_\_\_\_\_  
 Days late \_\_\_\_\_ Fine \_\_\_\_\_

Late reporting fine - \$10 per business day past the due date (\$250 maximum)

1. Name and contact information

Name Jane Cline Phone 304-340-4072  
 Business Address 300 Kanawha Boulevard, East Business Email jcline@spilmanlaw.com  
 City, State Zip Charleston, WV 25301

2. Reporting period for which this activity report is being filed

Check	Report	Period	Due Date				
x	2019-3	9/1/19 - 12/31/19	1/15/2020				

3. List all employers/organizations that you represent as a lobbyist *Use additional reporting forms if necessary.*

1. <u>American College of Cardiology</u>	4. <u>American Property Casualty Insurance Association</u>
2. <u>American Council of Life Insurers</u>	5. <u>AT&amp;T Services, Inc.</u>
3. <u>American International Group</u>	6. <u>WV Consumer Finance Association</u>

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

banking/finance; budget issues; business issues; consumer protection; financial institutions; funding of public records; government relations; health care; insurance; legal services; managed care; Medicaid; managed care; professional association; regulations; retirement/pensions; special structured settlements; taxation; workers compensation

5. Expenditures

If no expenditures, including campaign contributions, mark here:

If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$500.00
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$500.00

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event.

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Use additional reporting forms if necessary.

- |  |   |
|--|---|
| 1. <u>DXC MS, LLC</u>                                | 4. <u>National Structured Settlements Trade Association</u> |
| 2. <u>WV Medical Association</u>                     | 5. <u>WV Rheumatology Society</u>                           |
| 3. <u>National Council on Compensation Insurance</u> | 6. <u>Secure Elections Project</u>                          |

**4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."**

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**5. Expenditures**

If no expenditures, including campaign contributions, mark here:            

If you spent money on any public official, employee or member of his or her immediate family, list the amounts spent in each of the following categories per each employer you represent. Complete and attach Schedule A to this report.

Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B. Lodging	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Advertising	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Gifts	\$0	\$0	\$0	\$0	\$0	\$0	\$0
F. Other Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0
G. Group Expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event.

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1. Self Storage Association 4. \_\_\_\_\_  
 2. Spilman Thomas & Battle, PLLC 5. \_\_\_\_\_  
 3. West Virginia County Risk Pool 6. \_\_\_\_\_

4. Lobbying activity summary - If there was no activity or expenditures, indicate "none."

banking/finance; budget issues; business issues; consumer protection; financial institutions; funding of public records;  
 government relations; health care; insurance; legal services; managed care; Medicaid; managed care; professional  
 association; regulations; retirement/pensions; special structured settlements; taxation; workers compensation

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Expenditure Categories	Employer 1	Employer 2	Employer 3	Employer 4	Employer 5	Employer 6	Total Expended
A. Meals and Beverages	\$0	\$0	\$0	\$	\$	\$	\$0
B. Lodging	\$0	\$0	\$0	\$	\$	\$	\$0
C. Advertising	\$0	\$0	\$0	\$	\$	\$	\$0
D. Travel	\$0	\$0	\$0	\$	\$	\$	\$0
E. Gifts	\$0	\$0	\$0	\$	\$	\$	\$0
F. Other Expenses	\$0	\$0	\$0	\$	\$	\$	\$0
G. Group Expenditures	\$0	\$0	\$0	\$	\$	\$	\$0
H. Campaign Contributions	LIST AMOUNT IN "TOTAL EXPENDED" COLUMN.						\$0
I. TOTAL of all expenditures	\$0	\$0	\$0	\$0	\$0	\$0	\$0

If you sponsored or contributed to any group event or shared expenses, list the total expended in category 5G immediately above. Complete and attach a Schedule B for each event.